Pregnancy Maintenance Initiative (PMI) 2016-2017 (FY17 Auto Copy)

Date Generated: 02/15/2018

Leavenworth County Health Department

Period: 07/01/2016 - 06/30/2017
Filter(s): Leavenworth County Health Department;

A - Administration and Management

A.1 - Capacity building and accountability

Start Date:

End Date:

Attachments: 2016 Leavenworth County Health Department Organizational Chart.pdf

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of

Contact): Lisa Hattok, Social Worker/Case Manager LHattok2@leavenworthcounty.org *Primary Contact Person

Katie Schneider, Office Manager KSchneider@leavenworthcounty.org

Violet Gomes, Clinical Supervisor VGomes@leavenworthcounty.org

Jo Anne Parker, Receptionist/Records Keeper, JParker@leavenworthcounty.org

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: *The Leavenworth County Health Department's PMI manual is developed based off of the KDHE PMI manual.

- *Social Worker/Case Manager will maintain a social work license through the State of Kansas Behavioral Sciences Regulatory Board.
- *Social Worker/Case Manager will complete a minimum of 40 Continuing Education Units every two years with a minimum of 3 Ethics CEU's as required by the BSRB.
- *The case manager will have a minimum of two years experience working with pregnant women.
- *New staff will be trained using the PMI manual. They will receive a copy of the PMI manual, HIPAA training, FEMA training, and a copy of the LCHD's Policies and Procedures manual.
- *Staff meets with the supervisor on a weekly basis to determine challenges and progress in the program.
- *The case manager will attend the annual Governor's Conference for the Prevention of Child Abuse and Neglect.
- *The office manager uses a tracking system to notify staff when their license renewals are coming due again.
- *Staff is required to provide the Leavenworth County Health Department with photocopies of their credentials and licensing renewals.
- *Social Worker/Case Manager will be required to attend the annual PMI meeting and/or technical assistance sessions provided by the KDHE staff.
- *The PMI Program Manager will participate in any scheduled site visits provided by KDHE.
- *Staff will submit quarterly Certified Affidavits of Expenditures and PMI Demographic Summaries.
- *Staff will submit mid-year and annual PMI Narrative Reports.
- *Social Worker/Case Manager's Professional Development Plan includes:
- *Solid communication and interpersonal skills
- *Demonstrate professional practice
- *Plan, carry out and review social work practice
- *Assess the needs and circumstances of clients
- *Support, Lobby, and advocate for clients
- *Provide competent case management
- *Social Worker/Case Manager's performance appraisal process will include an evaluation conducted by her department head every 6 months. It will include evaluation on:
- *Job Knowledge/Skills
- *Productivity/Quantity of Work
- *Quality of Work
- *Interpersonal Relations
- *Communication
- *Dependability/Responsibility
- *Work Safety
- *Technical Knowledge
- *Job Objectives
- *Judgment/Problem Solving

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

A.	A.1.1 - Build internal capacity			
St	art Date:			
Er	End Date:			
At	Attachments:			
	A.1.1.1 - Attend annual meeting/training provided by KDHE			
	Start Date:			
	End Date:			
	Attachments:			
	A.1.1.2 - Provide orientation and training of new staff			
	Start Date:			
	End Date:			
	Attachments:			
	Describe your process for orienting and training staff new to the PMI program.: *New staff will be trained using the PMI manual. They will receive a copy of the PMI manual. They will complete the HIPAA training, FEMA training, and receive a copy of the LCHD's Policies and Procedures manual.			
	*The Office Manager will train new staff in how to use the KIPHS and DAISEY systems.			
	*The Clinical Supervisor will train new staff in how to use the Catalyst system and provide them with a copy of the case manager's protocol.			
	A.1.1.3 - Develop a method for recruiting selecting, and training staff			
	Start Date:			
	End Date:			
	Attachments:			
A.	1.2 - Communicate and coordinate local work with State staff			
St	art Date:			
Er	nd Date:			
At	tachments:			
	A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly			
	Start Date:			
	End Date:			
	Attachments:			
	A.1.2.2 - Submit Quarterly Progress Report			
	Start Date:			
	End Date:			
	Attachments:			
	A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State			
	Start Date:			
	End Date:			
	Attachments:			

1 2	Des autoria and a state of the
	Program evaluation
	Date:
	Date:
	chments: Leavenworth County Health Dept Client Satisfaction Survey.pdf
comi clini	narize your program evaluation methods to include how you will expand services to meet community needs.: *A nunity needs assessment form has been completed for Leavenworth County. It indicates the community needs more safety net s, urgent care clinics, public transportation services, specialists, primary care access and physicians, and difficulty in recruiting heare providers. Our agency cannot provide these services, however, we can refer to the physicians and agencies we currently
*Dis *Cre for e *Pro *Rea *Rev *Det	en to community needs by attending community meetings, answering phone calls, and interacting with co-workers and peers. The suss community needs with director and head supervisor to determine how to further meet those needs. The suspending property of the community of the co
*Atte *Sea *Org *Kee	pals have not been met; determine the reasons why not. Then seek ways to improve the goals. Import to identify patterns of needs and label those categories. In ideas to improve weaknesses. In ideas to improve weaknesses. In ideas to improve weaknesses, suggestions, strengths, weaknesses, similar experiences, and recommendations. In prove the goals. In ideas to improve weaknesses. In ide
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	2.2 - Create and maintain a functioning advisory group.
St	art Date:
Eı	nd Date:
At	tachments:
	escribe your PMI Advisory Group membership and frequency of meetings.: The PMI Advisory Group will meet quarterly d includes:
Vi Li Er Ke	sa Hattok, Social Worker/PMI Case Manager olet Gomes, Clinical Supervisor ndsey Watkins, Public Health Nurse nily Luckert, Lab Technician elly Leonard, Registered Dietician atie Hess, Lansing High School Social Worker
M	aureen Hernandez, Occupational Therapist Registered/Licensed with Tiny K argaret Howards, Child Care Licensing
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M	aureen Hernandez, Occupational Therapist Registered/Licensed with Tiny K argaret Howards, Child Care Licensing A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES) Start Date: End Date: Attachments: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

B - Data and Information

b.1 - Weasure program impact		
Start Date:		
End Date:		
Attachments:		
Describe your program goals, objectives and outcome measures.: *The LCHD will maintain written protocols indicating the mothers will complete an intake & needs assessment form and a goal planning form upon enrollment in the PMI program. The case manager will assist the mothers in reaching their goals by providing adequate resources and referrals to community services. *Every mother will be offered adoption referrals for counseling and support *100% of the mothers will develop a Birth Plan. *100% of the mothers will have access to and receive adequate prenatal medical care. *Every mother will receive encouragement and support to obtain a high school diploma or GED. *Every mother will receive education and assistance to obtain drug and alcohol treatment smoking cessation information as needed. *Every mother will be provided parenting education and support. *Every mother will be provided information on birth control and how to access the service. *Every mother will be provided information on immunizations for themselves and their children and encouraged to be immunized.		
How will you measure effectiveness of services, interventions and referral networks?: *Clients will complete an intake and needs assessment. Effectiveness will be determined by: *If clients remain in the program until their goals are met. *If clients indicates they like and appreciate the services. *Evaluating the number of complaints in ratio to the number of compliments. *Building rapport with community collaborations by attending at least one monthly community meeting. *If the program is serving a minimum of 40 clients in a fiscal year *The number of referrals from community collaborations is greater than 12 in a year. *If the KDHE annual pregnancy report for the state of Kansas indicates abortions and stillbirths are declining in Leavenworth County.		
How will you ensure services provided are those needed by clients?: *Case manager will use the results/data of the Leavenworth County Community Needs Assessment to determine what the community needs are. *Utilizing client feedback from client surveys. Consider age, gender, race, ethnicity, services provided and outcome. *Utilizing client feedback from the intake and needs assessment. *Identifying client expectations upon enrollment. *Resolving issues or concerns immediately. *Being proactive		
Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information and how it will be collected. If you plan to import data from another system, include the name of the system (Insight, Nightingale Notes, etc.): The Case Manager will collect the client information for DAISEY by interviewing each client at the beginning of each appointment, and filling the appropriate forms out. Then the Case Manager will manually enter that information into DAISEY. The LCHD does not currently import client information from KIPHS to DAISEY as that is currently a work in progress.		
B.1.1 - Develop an evaluation tool to measure program effectiveness		
Start Date: 07/01/2016		
End Date: 06/30/2017		
Attachments:		
B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks		
Start Date:		
End Date:		
Attachments:		
B.1.1.2 - Gather and use data to assess program impact		
Start Date:		

D - Interventions to Improve Public Health

End Date:
Attachments:

D.1 -	- Provide services to enable pregnant women to carry their pregnancies to term
Star	t Date:
End	Date:
Atta	chments:
protection	tribe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the tegies and curriculums used and note whether or not they are evidence-based.: *The LCHD will maintain written cools indicating the mothers will complete an intake & needs assessment form and a goal planning form upon enrollment in the program. The case manager will assist the mothers in reaching their goals by providing adequate resources and referrals. Be PMI program will not promote or provide abortion information or referrals. We reliably adoption referrals for counseling and support wide adoption referrals for counseling and support wide adoption referrals for counseling and support for housing couragement and support to obtain a high school diploma or GED. Location and assistance to obtain drug and alcohol treatment. Location and assistance to quit smoking while pregnant. Sistance to any domestic violence shelter for safety and education. Sistance in obtaining child care. Widing parenting education and support. Ferrals to local public transportation services. Sistance in obtaining mental health services.
The	PMI program will be using the following strategies and curriculum:
*Saf *Per *KC *Am	coming a Momevidence based Te Sleepevidence based Tiod of Purple Cryingevidence based SL's Heart to Home Adoption Option Therican Academy of Pediatrics Caring for Your Baby and Young Childevidence based That to Expect series
Description moth adoption wisits *Tra need parencommate Experience *Kan Do V	cribe the adoption services and pregnancy education to be provided as part of the program.: Case Manager will refer the ners to From Heart to Home Infant Adoption through Kansas Children's Service League if they are considering or have chosen ation services. From Heart to Home provides: *Counseling Sessions *Individual Service Plan development and review *Weekly is with the birth parents which in the following occurs: *Grocery shopping as needed. *Assistance with bill payment. Insportation as needed. *Assistance in budget planning. *Assistance in obtaining housing. *Assistance with other resources as ed. *On-going support for the decision of placing the child for adoption. *Legal consultation *Genetic profile of the birth ints. *Social History of the birth parents. *Genogram and Ecomap. *Pre-registration at the hospital *Facilitating meetings and/or munication between the birth parents and adoptive parents. *Paternity testing Pregnancy Education will consist of these exials coupled with case management services: *The Period of Purple Crying *Safe Sleep *What to Expect When You're exiting *Heading Home With Your Newborn *American Academy of Pediatrics Caring for Your Baby and Young Child nQuit *Futures without Violence *Basic Time Management *Basic Money Management *Basic Home Management *What To When Your Child Is Sick *Becoming a Mom *Labor and Delivery dvd's *Newborn care *Providing for birthing and streeding classes *Car Seat Safety
Esti	mate the total number of pregnant women to be served during the grant period.: 40
Γ	2.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services
S	start Date:
E	End Date:
A	Attachments:
	D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented
	Start Date:
	End Date:
	Attachments:

D.1.2	- Adoption services and pregnancy education will be part of the program
Start	Date:
End 1	Date:
Attac	hments:
D.	1.2.1 - Case managers to attend adoption training class
St	art Date:
E	nd Date:
A	ttachments:
D.	1.2.2 - Provide plan for providing adoption as an option
St	art Date:
E	nd Date:
A	ttachments:
D.	1.2.3 - Provide adequate resources and referrals
St	art Date:
E	nd Date:
A	ttachments:
- The	e program shall not perform, promote or refer for education in favor of abortion.
rt Da	te:
d Dat	e:
achm	
n you	provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes
	counties to be served below
unty:	Leavenworth
D.2.1	- Provide assurances
Start	Date:
End 1	Date:

E - Communications and Promotions

E.1 - Increase public awareness of services and generate buy in	
Start Date:	
End Date:	
Attachments:	
How will you promote your Pregnancy Maintenance Initiative (PMI) services to the communicative does not be Leavenworth County Health Department's Facebook page. *The PMI program Leavenworth County Health Department's Twitter account. *The PMI program will be advertised *Monthly letters will be mailed to expectant mothers on the Kansas Medicaid list for Leavenworth provide hospitals, physicians, schools and other community agencies with information regarding	will be advertised on the d in the Leavenworth Times. th County. *Case manager will
What are your planned outreach activities?: *Attend the monthly Project LEAD meetings. *Attend the monthly Leavenworth County Breastfeeding Coalition meetings. *Attend the quarterly Leavenworth LICC meetings. *Attend the Leavenworth Child Abuse Prevention Council meetings. *Give presentations to the Leavenworth County High Schools. *Give presentations to The Guidance Center. *Participate in the Leavenworth County health fairs. *Participate in the Leavenworth County Fair educational booth.	
E.1.1 - Promote services to community	
Start Date:	
End Date:	
Attachments:	
E.1.2 - Planned outreach activities	
Start Date:	
End Date:	
Attachments:	
E.1.3 - Target and recruit clients	
Start Date:	
End Date:	
Attachments:	

F - Partnerships

F.1 - Collaborative partnerships with community providers
Start Date:
End Date:
Attachments:
Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.: *Birthrightmaternity and infant clothes and supplies *Lamb's Innmaternity and infant clothes and supplies; pregnant and parenting information *Welcome Centralpublic transportation *Council on Agingpublic transportation *Salvation Armyclothing, toys, books and utility assistance *St. Luke's Cushing Hospitalnewborn care and birthing classes *Providence Medical Centerbirthing classes *University of Kansas Hospitalbreastfeeding, newborn care, and birthing classes *Kansas City Kansas Community CollegeGED and CNA classes *Lansing Educational Acheivement Program (LEAP)alternative high school *Leavenworth High Schoolalternative high school and credit recovery program
*Leavenworth Catholic Charitiesschool supplies; utility, clothing and food assistance *Department for Children and Familieschild support, child care, Kancare, food stamps, and cash assistance *WICbreastfeeding classes, nutritional information, food assistance *LCHD Family Planning programbirth control education and option information *LCHD Immunization Clinicimmunizations for children *LCHD M&I Clinicprenatal care *Leavenworth County Headstart and Early Headstarteducation and early intervention services *Parents As TeachersParenting information; Parenting classes *Leavenworth County Infant-Toddler ServicesTiny Kearly intervention services *Leavenworth County Workforce Centerjob readiness; assistance with obtaining GED and associate degrees *St. Vincent Clinicmedical care; dental care *Leavenworth County EMScar seat inspections
When referring for services outside the program, what are the processes for initial referrals and for follow-up after referral?: *Leavenworth County Infant-Toddler Tiny-K has their own referral form. It is faxed to them and the occupational therapist contacts the case manager with the results. *St Luke's Cushing Hospital and Providence Medical Center services are arranged over the phone between hospital staff and the case manager. The hospital staff contacts the case manager if the client does not follow through. *The remaining referrals are marked on the Leavenworth County Health Department referral form and the receiving agency is to email or fax the referral back indicating the services the client received. *Case manager will use the Leavenworth County Health Department Quarterly Referral Tracking form to keep track of the number of referrals completed and their outcome.
F.1.1 - Build and maintain local partnerships
Start Date:
End Date:
Attachments:
F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services
Start Date:
End Date:
Attachments:
F.1.1.2 - Develop referral sources for related services
Start Date:
End Date:
Attachments:

F.1.1.3 - Track	referrals made and outcomes of those referrals
Start Date:	
End Date:	
Attachments:	